

The Joint Commission 2009 Requirements that Support Effective Communication, Cultural Competence, and Patient-Centered Care Hospital Accreditation Program (HAP)

The Joint Commission views effective communication, cultural competence, and patient-centered care as important elements of providing safe, quality care. This document identifies The Joint Commission 2009 standards and elements of performance (EPs) that support effective communication, cultural competence, and patient-centered care. Some of the standards listed directly address these issues, while other standards provide indirect support.

The standards are organized by chapter. Please note that the standards listed in this document are not always listed in their entirety; many EPs for these standards are not included. Please refer to the 2009 Hospital Accreditation Standards to see the full text of these standards and EPs.

The Joint Commission 2009 Requirements that Support Effective Communication, Cultural Competence, and Patient-Centered Care are included in the following chapters:

APR	Accreditation Participation Requirements
EC	Environment of Care
EM	Emergency Management
HR	Human Resources
IC	Infection Control
IM	Information Management
LD	Leadership
MM	Medication Management
MS	Medical Staff
NPSG	National Patient Safety Goals
NR	Nursing
PC	Provision of Care, Treatment, and Services
PI	Performance Improvement
RC	Record of Care, Treatment, and Services
RI	Rights and Responsibilities of the Individual
TS	Transplant Safety
UP	Universal Protocol

Accreditation Participant Requirements (APR)

Overview

This chapter consists of specific requirements for participation in the accreditation process and for maintaining an accreditation award.

For an organization seeking accreditation for the first time, compliance with the Accreditation Participation Requirements (APRs) is assessed during the initial survey, including the Early Survey Policy Option. For the accredited organization, compliance with these requirements is assessed throughout the accreditation cycle through on-site surveys, the Periodic Performance Review, Evidence of Standards Compliance, and periodic updates of organization-specific data and information. Organizations are either compliant or not compliant with the APRs. When an organization does not comply with an APR, the organization will be assigned a Requirement for Improvement (RFI) in the same context that noncompliance with a standard or element of performance generates an RFI. However, refusal to permit performance of a survey (APR.02.01.01) will lead to a denial of accreditation. Falsification of information (APR.01.02.01) will lead to preliminary denial of accreditation. All RFIs can impact the accreditation decision and follow-up requirements, as determined by established accreditation decision rules. Failure to resolve an RFI can ultimately lead to loss of accreditation.

APR.09.01.01

The hospital notifies its public about how to contact its hospital management or The Joint Commission to report concerns about patient safety and quality of care.

Note: Methods of notice may include, but are not limited to, distribution of information about The Joint Commission, including contact information in published materials such as brochures and/or posting this information on the hospital's website.

- EP 1.** The hospital informs the public it serves about how to contact its management to report concerns about patient safety and quality of care.
- EP 2.** The hospital informs the public it serves about how to contact The Joint Commission to report concerns about patient safety and quality of care.

Environment of Care (EC)

Overview

The goal of this chapter is to promote a safe, functional, and supportive environment within the hospital so that quality and safety are preserved. The environment of care is made up of three basic elements:

- The building or space, including how it is arranged and special features that protect patients, visitors, and staff
- Equipment used to support patient care or to safely operate the building or space
- People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risks

This chapter stresses the importance of managing risks in the environment of care, which are different from the risks associated with the provision of care, treatment, and services. Any hospital, regardless of its size or location, faces risks in the environment, including those associated with safety and security, fire, hazardous materials and waste, medical equipment, and utility systems. When staff are educated about the elements of a safe environment, they are more likely to follow processes for identifying, reporting, and taking action on environmental risks.

Standard EC.02.06.01

The hospital establishes and maintains a safe, functional environment.

- EP 1.** Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided.
- EP 2.** The hospital provides space for recreation and social interaction for patients who remain in the care of the hospital for more than 30 days.
- EP 4.** The hospital provides space for recreation and social interaction for patients who remain in the care of the hospital for more than 30 days.
- EP 5.** The hospital provides storage space to meet patient needs.
- EP 6.** When the hospital provides care for more than 30 days, it provides outside areas for patient use, suitable to the patient's age, physical or mental condition, or other factors.
- EP 18.** Interior spaces accommodate the use of equipment, such as wheelchairs, necessary to the activities of daily living.

Emergency Management (EM)

Overview

Emergencies can be threats to any health care organization. A single emergency can temporarily disrupt services; however, multiple emergencies that occur concurrently or sequentially can adversely impact patient safety and the organization's ability to provide care, treatment, or services for an extended length of time. This is particularly true in situations where the community cannot adequately support the organization. Power failures, water and fuel shortages, flooding, and communication breakdowns are just a few of the hazards that can disrupt patient care and pose risks to staff and the organization.

Standard EM.01.01.01

The hospital engages in planning activities prior to developing its written Emergency Operations Plan.

Note: An emergency is an unexpected or sudden event that significantly disrupts the organization's ability to provide care, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. Emergencies can be either human-made or natural (such as an electrical system failure or a tornado), or a combination of both, and they exist on a continuum of severity. A disaster is a type of emergency that, due to its complexity, scope, or duration, threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions.

- EP 3.** The hospital, together with its community partners, prioritizes the potential emergencies identified in its hazard vulnerability analysis and documents these priorities.
Note: The hospital determines which community partners are critical to helping define priorities in its hazard vulnerability analysis. Community partners may include other health care organizations, the public health department, vendors, community organizations, public safety and public works officials, representatives of local municipalities, and other government agencies.
- EP 4.** The hospital communicates its needs and vulnerabilities to community emergency response agencies and identifies the community's capability to meet its needs. This communication and identification occur at the time of the hospital's annual review of its Plan and whenever its needs or vulnerabilities change. (See also EM.03.01.01, EP 1)

Standard EM.02.02.01

As part of its Emergency Operations Plan, the hospital prepares for how it will communicate during emergencies.

- EP 5.** The Emergency Operations Plan describes the following: How the hospital will communicate with patients and their families, including how it will notify families when patients are relocated to alternative care sites.

- EP 6.** The Emergency Operations Plan describes the following: How the hospital will communicate with the community or the media during an emergency.
- EP 13.** The Emergency Operations Plan describes the following: How the hospital will communicate with identified alternative care sites.

Standard EM.02.02.11

As part of its Emergency Operations Plan, the hospital prepares for how it will manage patients during emergencies.

- EP 4.** The Emergency Operations Plan describes the following: How the hospital will manage a potential increase in demand for clinical services for vulnerable populations served by the hospital, such as patients who are pediatric, geriatric, disabled, or have serious chronic conditions or addictions.

Human Resources (HR)

Overview

The contribution that human resources management makes to a hospital's ability to provide safe, quality care cannot be overestimated. The quality of the hospital's staff will, in large part, determine the quality of the care, treatment, and services it provides. The *World Health Report 2000—Health Systems: Improving Performance** states that human resources is the most important contribution to the quality of health care because “the performance of health care systems depends ultimately on the knowledge, skills, and motivation of the people responsible for delivering services.”

This same report describes staff education and training as key investment tools: “Unlike material capital, knowledge does not deteriorate with use. But, like equipment, old skills become obsolete with the advent of new technologies. Continuing education and on-the-job training are required to keep existing skills in line with technological progress and new knowledge.” After staff are hired, even the smallest hospital has a responsibility to see that they receive the education and training they need to provide quality care and to keep patients safe.

* World Health Organization (WHO): *World Health Report 2000—Health Systems: Improving Performance*. Geneva: (WHO), 2000.

Standard HR.01.02.01

The hospital defines staff qualifications.

- EP 1.** The hospital defines staff qualifications specific to their job responsibilities.

Standard HR.01.02.05

The hospital verifies staff qualifications.

- EP 2.** When the hospital requires licensure, registration, or certification not required by law and regulation, the hospital both verifies these credentials and documents this verification at time of hire and when credentials are renewed.
- EP 3.** The hospital verifies and documents that the applicant has the education and experience required by the job responsibilities.
- EP 6.** The hospital uses the following information from HR.01.02.05, Elements of Performance 1-5 to make decisions about staff job responsibilities:
 - Required licensure, certification, or registration verification.
 - Required credentials verification.
 - Education and experience verification.

Criminal background check.
Applicable health screenings.

Standard HR.01.04.01

The hospital provides orientation to staff.

- EP 1.** The hospital determines the key safety content of orientation provided to staff.
Note: Key safety content may include specific processes and procedures related to the provision of care, the environment of care, and infection control.
- EP 2.** The hospital orients its staff to the key safety content before staff provides care, treatment, and or services. Completion of this orientation is documented.
- EP 3.** The hospital orients staff on the following: Relevant hospital-wide and unit-specific policies and procedures.
- EP 4.** The hospital orients staff on the following: Their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of this orientation is documented. (See also RI.01.01.01, EP 8)
- EP 5.** The hospital orients staff on the following: Sensitivity to cultural diversity based on their job duties and responsibilities. Completion of this orientation is documented.
- EP 6.** The hospital orients staff on the following: Patient rights, including ethical aspects of care, treatment, and services and the process used to address ethical issues based on their job duties and responsibilities. Completion of this orientation is documented.

Standard HR.01.05.03

Staff participate in ongoing education and training.

- EP 1.** Staff participate in ongoing education and training to maintain or increase their competency. Staff participation is documented.
- EP 4.** Staff participate in ongoing education and training whenever staff responsibilities change. Staff participation is documented.
- EP 5.** Staff participate in education and training that is specific to the needs of the patient population served by the hospital. Staff participation is documented.
- EP 6.** Staff participate in education and training that incorporates the skills of team communication, collaboration, and coordination of care. Staff participation is documented.

Standard HR.01.06.01

Staff are competent to perform their responsibilities.

- EP 1.** The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.
- EP 2.** The hospital uses assessment methods to determine the individual's competence in the skills being assessed.
Note: Methods may include test taking, return demonstration, or the use of simulation.
- EP 3.** An individual with the education background, experience, or knowledge related to the skills being reviewed assesses competence.
Note: When a suitable individual cannot be found to assess staff competence, the hospital can utilize an outside individual for this task. Alternatively, the hospital may consult the competency guidelines from an appropriate professional hospital to make its assessment.
- EP 5.** Staff competence is initially assessed and documented as part of orientation.

- EP 6.** Staff competence is assessed and documented once every three years or more frequently as required by hospital policy or in accordance with law and regulation.
- EP 15.** The hospital takes action when a staff member's competence does not meet expectations.

Standard HR.01.07.01

The hospital evaluates staff performance.

- EP 1.** The hospital evaluates staff based on performance expectations that reflect their job responsibilities.
- EP 2.** The hospital evaluates staff performance once every three years, or more frequently as required by hospital policy or in accordance with law and regulation. This evaluation is documented.

Infection Prevention and Control (IC)

Overview

When most health care professionals think of infection prevention and control measures, they think of the need to prevent and control hospital-acquired infections. However, the ambulatory care setting has its own needs for infection prevention and control. Even though patients do not generally stay overnight at ambulatory care centers, nor do they undergo the kind of extensive care typically received in a hospital or long term care facility, ambulatory care staff do encounter health care-associated infections, sometimes received elsewhere, that need to be controlled.

Certainly, all ambulatory care centers, regardless of location, should be on the lookout for infections. The types of infections they are likely to encounter depend heavily on the specific risks faced by the organization's location, the population it serves, and the services it provides. For example, most ambulatory care centers know to be on the alert for cases of Methicillin-resistant *Staphylococcus aureus* (MRSA) and other multi-drug resistant infections. Ambulatory care centers that serve particular populations, such as those on college campuses, are likely to encounter other types of infections such as sexually transmitted diseases (STDs), while those working with prison populations are likely to encounter patients with acquired immunodeficiency syndrome (AIDS) and tuberculosis. Centers working in low income areas may encounter higher rates of patients with community-acquired infections, while ambulatory care centers working primarily with the elderly are likely to encounter higher rates of pneumonia. Clearly, infection prevention and control is important to all ambulatory care centers and all staff, regardless of position, need to observe proper infection prevention and control techniques at all times.

To help reduce the possibility of acquiring and transmitting an infection, ambulatory care centers should establish a systematic infection prevention and control program. The activities the organization adopts need to be practical and reasonable to follow. No organization wants to jeopardize a patient's health because its infection prevention and control activities are obsolete or too confusing to practice daily. To create a successful program, leadership should have input and lend support. After an effective program is in place, the organization takes measures so that the program operates according to plan and is properly evaluated.

Standard IC.01.03.01

The hospital identifies risks for acquiring and transmitting infections.

- EP 1.** The hospital identifies risks for acquiring and transmitting infections based on the following:
Its geographic location, community, and population served.

Standard IC.01.05.01

The hospital has an infection prevention and control plan.

- EP 7.** The hospital has a method for communicating responsibilities about preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. (See also IC.02.01.01, EP 7)

Standard IC.02.01.01

The hospital implements its infection prevention and control plan.

- EP 7.** The hospital implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, patients, and families. (See also IC.01.05.01, EP 7 and HR.01.04.01, EP 4)

Information Management (IM)

Overview

Every episode of care generates health information that must be managed systematically by the organization. All data and information used by the organization is categorized, filed, and maintained. The system should accurately capture health information generated by the delivery of care, treatment, or services. Health information should be accessed by authorized users who will use health information to provide safe, quality care. Unauthorized access can be limited by the adoption of policies that address the privacy, security, and integrity of health information.

Depending on the type of organization, the system used for information management may be basic or sophisticated. As technology develops, many organizations find their information management systems in a state of transition from paper to fully electronic or a combination of the two. Regardless of the type of system used, these standards are designed to be equally compatible with noncomputerized systems and evolving technologies.

Standard IM.01.01.01

The hospital plans for managing information.

- EP 1.** The hospital identifies the internal and external information needed to provide safe, quality care.
- EP 2.** The hospital identifies how data and information enter, flow within, and leave the organization.
- EP 3.** The hospital uses the identified information to guide development of processes to manage information.

Standard IM.02.01.01

The hospital protects the privacy of health information.

- EP 4.** The hospital discloses health information only as authorized by the patient or as otherwise consistent with law and regulation. (See also RI.01.01.01, EP 7)

Standard IM.02.02.01

The hospital effectively manages the collection of health information.

- EP 1.** The hospital uses uniform data sets to standardize data collection throughout the hospital.
- EP 2.** The hospital uses standardized terminology, definitions, abbreviations, acronyms, symbols, and dose designations.

Standard IM.02.02.03

The hospital retrieves, disseminates, and transmits health information in usable formats.

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- EP 1.** The hospital has written policies addressing data capture, display, transmission, and retention.
- EP 2.** The hospital's storage and retrieval systems make health information accessible when needed for patient care, treatment, and services. (See also IC.01.02.01, EP 1)
- EP 3.** The hospital disseminates data and information in useful formats within time frames defined by the hospital and consistent with law and regulation.

Standard IM.04.01.01

The hospital maintains accurate health information.

- EP 1.** The hospital has processes to check the accuracy of health information.

Leadership (LD)

Overview

The safety and quality of care, treatment, and services depend on many factors including the following:

- A culture that fosters safety as a priority for everyone who works in the hospital
- The planning and provision of services that meet the needs of patients
- The availability of resources—human, financial, and physical—for providing care, treatment, and services
- The existence of competent staff and other care providers
- Ongoing evaluation of and improvement in performance

Management of these important functions is the direct responsibility of leaders; they are, in effect, responsible for the care, treatment and services that the hospital provides to its patients. In hospitals with a governing body, governance has ultimate responsibility for this oversight. In larger hospitals, different individuals or groups may be assigned different responsibilities, and they bring with them different skills, experience and perspectives. In these situations, the way the leaders interact with each other and manage their assigned accountabilities can affect overall hospital performance. In smaller hospitals, these responsibilities may be handled by just one or two individuals. This chapter addresses the role of leaders in managing these diverse and, at times complex, responsibilities.

Leaders shape the hospital's culture, and the culture, in turn, affects how the hospital accomplishes its work. A healthy, thriving culture is built around the hospital's mission and vision, which reflect the core values and principles that the hospital finds important. Leaders must ask some basic questions in order to provide this focus: How does the hospital plan to meet the needs of its population(s)? By what ethical standards will the hospital operate? What does the hospital want to accomplish through its work? Once leaders answer these questions, the culture of the hospital will begin to take shape. Leaders also have an obligation to set an example of how to work together to fulfill the hospital's mission. By dedicating themselves to upholding the values and principles of the hospital's mission, leaders will be modeling to others how to collaborate, communicate, solve problems, manage conflict, and maintain ethical standards, essential practices that contribute to safe health care.

On a more practical level, leaders oversee operations and guide the hospital on a day-to-day basis. They keep operations running smoothly so that the important work of the hospital—serving its population—can continue.

To meet their obligations effectively, leaders must collaborate, which means working together in a spirit of collegiality to achieve a common end. Many hospitals have three leadership groups—the senior managers, governing body, and organized medical staff—who work together to deliver safe, high quality care. The senior managers direct the day-to-day operations of the hospital; the governing body determines what resources the hospitals needs and then secures those resources. The members of the organized medical staff

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are licensed to make independent decisions about the diagnosis and treatment of their patients and, in doing so, influence the choice and use of many of the hospital's resources.

Standard LD.01.03.01

The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

- EP 5.** The governing body provides for the resources needed to maintain safe, quality care, treatment, and services. (See also NR.01.01.01, EP 3)
- EP 6.** The governing body works with the senior managers and leaders of the organized medical staff to annually evaluate the hospital's performance in relation to its mission, vision, and goals.

Standard LD.01.07.01

The governing body, senior managers, and leaders of the organized medical staff have the knowledge needed for their roles in the hospital, or they seek guidance to fulfill their roles.

- EP 2.** Individual members of the governing body, senior managers, and leaders of the organized medical staff are oriented to all of the following:
 - The hospital's mission and vision.
 - The hospital's safety and quality goals.
 - The hospital's structure and the decision making process.
 - The development of the budget as well as the interpretation of the hospital's financial statements.
 - The population served by the hospital and any issues related to that population(s).
 - The individual and interdependent responsibilities and accountabilities of the governing body, senior managers, and leaders of organized medical staff as they relate to supporting the mission of the hospital and to providing safe and quality care.
 - Applicable laws and regulations.

Standard LD.02.01.01

The mission, vision, and goals of the hospital support the safety and quality of care, treatment, and services.

Rationale for LD.02.01.01

The primary responsibility of leaders is to provide for the safety and quality of care, treatment, and services. The purpose of the hospital's mission, vision, and goals, is to define how the hospital will achieve safety and quality. The leaders are more likely to be aligned with the mission, vision, and goals when they create them together. The common purpose of the hospital is most likely achieved when it is understood by all who work in or are served by the hospital.

- EP 3.** Leaders communicate the mission, vision, and goals to staff and the population(s) the hospital serves.

Standard LD.02.03.01

The governing body, senior managers and leaders of the organized medical staff regularly communicate with each other on issues of safety and quality.

- EP 1.** Leaders discuss issues that affect the hospital and the population it serves, including the following:
 - Performance improvement activities.
 - Reported safety and quality issues.
 - Proposed solutions and their impact on the hospital's resources.
 - Reports on key quality measures and safety indicators.
 - Safety and quality issues specific to the population served.

Input from the population(s) served.
(See also NR.01.01.01, EP 3)

- EP 2.** The hospital establishes time frames for the discussion of issues that affect the hospital and the population it serves.

Standard LD.03.01.01

Leaders create and maintain a culture of safety and quality throughout the hospital.

- EP 1.** Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.
- EP 3.** Leaders provide opportunities for all individuals who work in the hospital to participate in safety and quality initiatives.
- EP 6.** Leaders provide education that focuses on safety and quality for all individuals. (See also LD.04.04.05, EP 6)
- EP 8.** All individuals who work in the hospital, including staff and licensed independent practitioners, are able to openly discuss issues of safety and quality.
- EP 9.** Literature and advisories relevant to patient safety are available to all individuals who work in the hospital.
- EP 10.** Leaders define how members of the population(s) served can help identify and manage issues of safety and quality within the hospital.

Standard LD.03.02.01

The hospital uses data and information to guide decisions and to understand variation in the performance of processes supporting safety and quality.

Rationale for LD.03.02.01

Data help hospitals make the right decisions. When decisions are supported by data, hospitals are more likely to move in directions that help them achieve their goals. Successful hospitals measure and analyze their performance. When data are analyzed and turned into information, this process helps hospitals see patterns and trends and understand the reasons for their performance. Many types of data are used to evaluate performance, including data on outcomes of care, performance on safety and quality initiatives, patient satisfaction, process variation, and staff perceptions.

- EP 1.** Leaders set expectations for using data and information to improve the safety and quality of care, treatment, and services.
- EP 2.** Leaders are able to describe how data and information are used to create a culture of safety and quality.
- EP 3.** The hospital uses processes to support systematic data and information use.
- EP 4.** Leaders provide the resources needed for data and information use, including staff, equipment, and information systems.
- EP 5.** The hospital uses data and information in decision-making that supports the safety and quality of care, treatment, and services.
- EP 6.** The hospital uses data and information to identify and respond to internal and external changes in the environment.
- EP 7.** Leaders evaluate how effectively data and information are used throughout the hospital.

Standard LD.03.03.01

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Leaders use hospital-wide planning to establish structures and processes that focus on safety and quality.

Rationale for LD.03.03.01

Planning is essential to the following:

- The achievement of short- and long-term goals
- Meeting the challenge of external changes
- The design of services and work processes
- The creation of communication channels
- The improvement of performance
- The introduction of innovation

Planning includes contributions from the populations served, from those who work for the hospital, and from other interested groups or individuals.

- EP 1.** Planning activities focus on improving patient safety and health care quality.
- EP 2.** Leaders can describe how planning supports a culture of safety and quality.
- EP 3.** Planning is systematic, and it involves designated individuals and information sources.
- EP 4.** Leaders provide the resources needed to support the safety and quality of care, treatment, and services.
- EP 5.** Safety and quality planning is hospital-wide.
- EP 6.** Planning activities adapt to changes in the environment.
- EP 7.** Leaders evaluate the effectiveness of planning activities.

Standard LD.03.04.01

The hospital communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families, and external interested parties.

Rationale for LD.03.04.01

Effective communication is essential among individuals and groups within the hospital, and between the hospital and external parties. Poor communication often contributes to adverse events and can compromise safety and quality of care, treatment, and services. Effective communication is timely, accurate, and usable by the audience.

- EP 1.** Communication processes foster the safety of the patient and the quality of care.
- EP 3.** Communication is designed to meet the needs of internal and external users.
- EP 5.** Communication supports safety and quality throughout the hospital. (See also LD.04.04.05, EP 12)
- EP 6.** When changes in the environment occur, the hospital communicates those changes effectively.
- EP 7.** Leaders evaluate the effectiveness of communication methods.

Standard LD.03.05.01

Leaders implement changes in existing processes to improve the performance of the hospital.

Rationale for LD.03.05.01

Change is inevitable, and agile hospitals are able to manage change and rapidly execute new plans. The ability of leaders to manage change is necessary for performance improvement, for successful

innovation, and to meet environmental challenges. The hospital integrates change into all relevant processes so that its effectiveness can be sustained, assessed, and measured.

- EP 1.** Structures for managing change and performance improvements exist that foster the safety of the patient and the quality of care, treatment, and services.
- EP 2.** Leaders are able to describe how the hospital's approach to performance improvement and its capacity for change support a culture of safety and quality.
- EP 3.** The hospital has a systematic approach to change and performance improvement.
- EP 4.** Leaders provide the resources required for performance improvement and change management, including sufficient staff, access to information, and training.
- EP 5.** The management of change and performance improvement supports both safety and quality throughout the hospital.
- EP 6.** The hospital's internal structures can adapt to changes in the environment.
- EP 7.** Leaders evaluate the effectiveness of processes for the management of change and performance improvement.

Standard LD.03.06.01

Those who work in the hospital are focused on improving safety and quality.

Rationale for LD.03.06.01

The safety and quality of care, treatment, and services are highly dependent on the people who work in the hospital. The mission, scope, and complexity of services define the design of work processes and the skills and number of individuals needed. In a successful hospital, work processes and the environment make safety and quality paramount. This standard, therefore, applies to all those who work in or for the hospital, including staff and licensed independent practitioners.

- EP 3.** Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services.
- EP 4.** Those who work in the hospital are competent to complete their assigned responsibilities.

Standard LD.04.01.01

The hospital complies with law and regulation.

- EP 2.** The hospital provides care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations.
- EP 3.** Leaders act on or comply with reports or recommendations from external authorized agencies, such as accreditation, certification, or regulatory bodies.

Standard LD.04.01.05

The hospital effectively manages its programs, services, sites, or departments.

Rationale for LD.04.01.05

Leaders at the program, service, site, or department level create a culture that enables the hospital to fulfill its mission and meet its goals. They support staff and instill in them a sense of ownership of their work processes. Leaders may delegate work to qualified staff, but the leaders are responsible for the care, treatment, and services provided in their areas.

- EP 1.** Leaders of the program, service, site, or department oversee operations.

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- EP 2.** Programs, services, sites, or departments providing patient care are directed by one or more qualified professionals or by a qualified licensed independent practitioner with clinical privileges.
- EP 3.** The hospital defines in writing the responsibility of those with administrative and clinical direction of its programs, services, sites, or departments.
- EP 4.** Staff are held accountable for their responsibilities.
- EP 5.** Leaders provide for the coordination of care, treatment, and services among the hospital's different programs, services, sites, or departments.

Standard LD.04.01.07

The hospital has policies and procedures that guide and support patient care, treatment, and services.

- EP 1.** Leaders review and approve policies and procedures that guide and support patient care, treatment, and services.
- EP 2.** The hospital manages the implementation of policies and procedures.

Standard LD.04.01.11

The hospital makes space and equipment available as needed for the provision of care, treatment, and services.

Rationale for LD.04.01.11

The resources allocated to services provided by the hospital have a direct effect on patient outcomes. Leaders should place highest priority on high-risk or problem-prone processes that can affect patient safety. Examples include infection control, medication management, use of anesthesia, and others defined by the hospital.

- EP 2.** The arrangement and allocation of space supports safe, efficient, and effective care, treatment, and services.
- EP 3.** The interior and exterior space provided for care, treatment, and services meets the needs of patients.
- EP 4.** The grounds, equipment, and special activity areas are safe, maintained, and supervised.
- EP 5.** The leaders provide for equipment, supplies, and other resources.

Standard LD.04.02.03

Ethical principles guide the hospital's business practices.

- EP 1.** The hospital has a process that allows staff, patients, and families to address ethical issues or issues prone to conflict.
- EP 2.** The hospital uses its process to address ethical issues or issues prone to conflict.
- EP 5.** Care, treatment, and services are provided based on patient needs, regardless of compensation or financial risk-sharing with those who work in the hospital, including staff and licensed independent practitioners.
- EP 6.** When leaders excuse staff members from a job responsibility, care, treatment, and services are not affected in a negative way.

Standard LD.04.02.05

When internal or external review results in the denial of care, treatment, and services or payment, the hospital makes decisions regarding the ongoing provision of care, treatment, and services and discharge or transfer, based on the assessed needs of the patient.

- EP 1.** Decisions regarding the provision of ongoing care, treatment, and services, discharge, or transfer are based on the assessed needs of the patient, regardless of the recommendations of any internal or external review.
- EP 2.** The safety and quality of care, treatment, and services do not depend on the patient's ability to pay.

Standard LD.04.03.01

The hospital provides services that meet patient needs.

- EP 1.** The needs of the population(s) served guide decisions about which services will be provided directly or through referral, consultation, contractual arrangements, or other agreements.

Standard LD.04.03.07

Patients with comparable needs receive the same standard of care, treatment, and services throughout the hospital.

Rationale for LD.04.03.07

Comparable standards of care means that the hospital can provide the services that patients need within established time frames and that those providing care, treatment, and services have the required competence. Hospitals may provide different services to patients with similar needs as long as the patient's outcome is not affected. For example, some patients may receive equipment with enhanced features because of insurance situations. This does not ordinarily lead to different outcomes. Different settings, processes, or payment sources should not result in different standards of care.

- EP 1.** Variances in staff, setting, or payment source do not affect outcomes of care, treatment, and services in a negative way.
- EP 2.** Care, treatment, and services are consistent with the hospital's mission, vision, and goals.

Standard LD.04.03.09

Care, treatment, and services provided through contractual agreement are provided safely and effectively.

- EP 4.** Leaders monitor contracted services by establishing expectations for the performance of the contracted services.
Note: When the hospital contracts with another accredited organization for patient care, treatment, and services to be provided offsite, it can do the following:
 - Verify that all licensed independent practitioners who will be providing patient care, treatment, and services have appropriate privileges by obtaining, for example, a copy of the list of privileges.
 - Specify in the written agreement that the contracted organization will ensure that all contracted services provided by licensed independent practitioners will be within the scope of their privileges.
- EP 6.** Leaders monitor contracted services by evaluating these services in relation to the hospital's expectations.

Standard LD.04.04.01

Leaders establish priorities for performance improvement. (See also the "Performance Improvement" (PI) chapter.)

- EP 1.** Leaders set priorities for performance improvement activities and patient health outcomes. (See also PI.01.01.01, EPs 1 and 3)
- EP 3.** Leaders reprioritize performance improvement activities in response to changes in the internal or external environment.

Standard LD.04.04.03

New or modified services or processes are well-designed.

- EP 1.** The hospital's design of new or modified services or processes incorporates the needs of patients, staff, and others.
- EP 3.** The hospital's design of new or modified services or processes incorporates: Information about potential risks to patients.
- EP 4.** The hospital's design of new or modified services or processes incorporates: Evidence-based information in the decision-making process.
Note: For example, evidence-based information could include practice guidelines, successful practices, information from current literature, and clinical standards.
- EP 7.** The leaders involve staff and patients in the design of new or modified services or processes.

Standard LD.04.04.05

The hospital has an organization-wide, integrated patient safety program.

Rationale for LD.04.04.05

This standard describes a safety program that integrates safety priorities into all processes, functions, and services within the hospital, including patient care, support, and contract services. It addresses the responsibility of leaders to establish a hospital-wide safety program; to proactively explore potential system failures; to analyze and take action on problems that have occurred; and to encourage the reporting of adverse events and near misses, both internally and externally. The hospital's culture of safety and quality supports the safety program.

This standard does not require the creation of a new structure or office in the hospital. It only emphasizes the need to integrate patient-safety activities, both existing and newly created, with the hospital's leadership, which is ultimately responsible for this integration.

- EP 1.** The hospital implements a hospital-wide patient safety program.
- EP 3.** The scope of the safety program includes the full range of safety issues, from potential or no-harm errors (sometimes referred to as near misses, close calls, or good catches) to hazardous conditions and sentinel events.
- EP 4.** All departments, programs, and services within the hospital participate in the safety program.
- EP 5.** As part of the safety program, the hospital creates procedures for responding to system or process failures.
Note: Responses might include continuing to provide care, treatment, and services to those affected, containing the risk to others, and preserving factual information for subsequent analysis.
- EP 7.** The hospital defines "sentinel event" and communicates this definition throughout the organization. (See also EC.02.01.01, EP 1)

Note: At a minimum, the organization's definition includes those events subject to review in the "Sentinel Events" section of this manual. The definition may include any process variation that does not affect the outcome or result in an adverse event, but for which a recurrence carries significant chance of a serious adverse outcome or result in an adverse event, often referred to as a "near miss."

EP 8. The hospital conducts thorough and credible root cause analyses in response to sentinel events as described in the "Sentinel Events" section of this manual. (See also EC.02.01.01, EP 1)

EP 9. The hospital makes support systems available for staff who have been involved in an adverse or sentinel event.

Note: Support systems recognize that conscientious health care workers who are involved in sentinel events are themselves victims of the event and require support. Support systems provide staff with additional help and support as well as additional resources through the human resources function or an employee assistance program. Support systems also focus on the process rather than blaming the involved individuals.

EP 10. At least every 18 months, the hospital selects one high risk process and conducts a proactive risk assessment.

EP 12. The hospital disseminates lessons learned from root cause analyses, system or process failures, and the results of proactive risk assessments to all staff who provide services for the specific situation. (See also LD.03.04.01, EP 5)

EP 13. At least once a year, the hospital provides governance with written reports on the following:

- All system or process failures
- The number and type of sentinel events
- Whether the patients and the families were informed of the event
- All actions taken to improve safety, both proactively and in response to actual occurrences

EP 14. The hospital encourages external reporting of significant adverse events, including voluntary reporting programs in addition to mandatory programs.

Note: Examples of voluntary programs include The Joint Commission Sentinel Event Database and the Food and Drug Administration (FDA) Med Watch. Mandatory programs are often state-initiated.

Standard LD.04.04.07

The hospital considers clinical practice guidelines when designing or improving processes.

Rationale for LD.04.04.07

Clinical practice guidelines can improve the quality, utilization, and value of health care services. Clinical practice guidelines help practitioners and patients make decisions about preventing, diagnosing, treating, and managing selected conditions. These guidelines can also be used in designing clinical processes or in checking the design of existing processes. The hospital identifies criteria that guide the selection and implementation of clinical practice guidelines so that they are consistent with its mission and priorities. Sources of clinical practice guidelines include the Agency for Healthcare Research and Quality, the National Guideline Clearinghouse, and professional organizations.

EP 1. The hospital considers using clinical practice guidelines when designing or improving processes.

EP 2. When clinical practice guidelines will be used in the design or modification of processes, the hospital identifies criteria to guide their selection and implementation.

- EP 3.** The hospital manages and evaluates the implementation of the guidelines used in the design or modification of processes.
- EP 5.** The organized medical staff reviews the clinical practice guidelines and modifies them as needed.

Medication Management (MM)

Overview

Medication management is an important component in the palliative, symptomatic, and curative treatment of many diseases and conditions. However, medications are also capable of causing great harm if the incorrect dose or medication is inadvertently administered to a patient. To eliminate any potential harm that could be caused by medications, organizations need to develop an effective and safe medication management system. A safe medication management system addresses an organization's medication processes, which in many organizations include the following (as applicable):

- Planning
- Selection and procurement
- Storage
- Ordering
- Preparing and dispensing
- Administration
- Monitoring
- Evaluation

The “Medication Management” (MM) chapter addresses these critical processes, including those undertaken by the organization and those provided through contracted pharmacy services. However, the specifics of the medication management system used by the organization can vary depending on the care, treatment, or services it provides. Not all organizations will implement all of the medication processes. For example, organizations without pharmacy services will conduct the medication ordering process and will provide patients with prescriptions.

Effective and safe medication management also involves multiple services and disciplines working closely together. The medication management standards address activities involving various individuals within an organization's medication management system, such as licensed independent practitioners and staff. Additionally, an effective medication management system includes mechanisms for reporting potential and actual medication-related errors and a process to improve medication management processes and patient safety based on this information.

In essence, a well-planned and implemented medication management system supports patient safety and improves the quality of care by doing the following:

- Reducing variation, errors, and misuse
- Using evidence-based practices to develop medication management processes
- Managing critical processes to promote safe medication management throughout the organization
- Standardizing equipment and handling processes, including those for sample medications, across the organization to improve the medication management system
- Monitoring the medication management process for efficiency, quality, and safety

Standard MM.03.01.05

The hospital safely controls medications brought into the hospital by patients, their families, or licensed independent practitioners.

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- EP 1.** The hospital defines when medications brought into the hospital by patients, their families, or licensed independent practitioners can be administered.
- EP 3.** The hospital informs the prescriber and patient if the medications brought into the hospital by patients, their families, or licensed independent practitioners are not permitted.

Standard MM.05.01.01

A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.

- EP 5.** All medication orders are reviewed for the following: Existing or potential interactions between the medication ordered and food and medications the patient is currently taking.

Standard MM.05.01.11

The hospital safely dispenses medications.

- EP 5.** Patients are educated about the medication dose packaging system(s) used.

Standard MM.05.01.17

The hospital follows a process to retrieve recalled or discontinued medications.

- EP 4.** When required by law and regulation or hospital policy, the hospital informs patients that their medication has been recalled or discontinued for safety reasons by the manufacturer or the Food and Drug Administration. (See also EC.02.01.01, EP 11)

Standard MM.06.01.01

The hospital safely administers medications.

- EP 9.** Before administering a new medication, the patient or family is informed about any potential clinically significant adverse drug reactions or other concerns regarding administration of a new medication. (See also MM.06.01.03, EPs 3-6; PC.02.03.01, EP 10)

Standard MM.06.01.03

Self-administered medications are administered safely and accurately.

Note: The term self-administered medication(s) may refer to medications administered by a family member.

- EP 1.** If self-administration of medications is allowed, written processes that address training, supervision, and documentation guide the safe and accurate self-administration of medications or the administration of medications by a non-staff member. (See also MM.06.01.01, EPs 1 and 2)
- EP 2.** The hospital implements its written processes for medication self-administration or medication administration by non-staff members.
- EP 3.** The hospital educates patients and families involved in self-administration about the following: Medication name, type, and reason for use. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)
- EP 4.** The hospital educates patients and families involved in self-administration about the following: How to administer medication, including process, time, frequency, route, and dose. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)
- EP 5.** The hospital educates patients and families involved in self-administration about the following: Anticipated actions and potential side effects of the medication administered. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)

- EP 6.** The hospital educates patients and families involved in self-administration about the following: Monitoring the effects of the medication. (See also MM.06.01.01, EP 9; PC.02.03.01, EP 10)
- EP 7.** The hospital determines that the patient or the non-staff member who administers the medication is competent at medication administration before being allowed to administer medications.

MM.07.01.01 The hospital monitors patients to determine the effects of their medication(s).

- EP 1.** The hospital monitors the patient's perception of side effects and the effectiveness of his or her medication(s).
- EP 2?** The hospital monitors patient response to medication(s) by taking into account clinical information from the medical record, relevant lab values, clinical response, and medication profile. (See also MM.02.01.01, EP 3)

Medical Staff (MS)

Overview

The self-governing organized medical staff provides oversight of the quality of care, treatment, and services delivered by practitioners who are credentialed and privileged through the medical staff process. The organized medical staff is also responsible for the ongoing evaluation of the competency of practitioners who are privileged, delineating the scope of privileges that will be granted to practitioners, and providing leadership in performance improvement activities within the organization.

All licensed independent practitioners* are credentialed and privileged by the organized medical staff. Physician assistants (PAs) and advanced practice registered nurses (APRNs) who are not licensed independent practitioners may be privileged through the medical staff process or a procedure that is equivalent to the medical staff process and criteria set forth in the credentialing and privileging standards contained in this chapter. This procedure must be approved by the governing body and assure communication with and input from the Medical Staff Executive Committee regarding those privileges.

* The Joint Commission defines a licensed independent practitioner as “any individual permitted by law and by the organization to provide care, treatment, and services, without direction or supervision.”

The organized medical staff must create and maintain a set of bylaws that define its role within the context of a hospital setting and responsibilities in the oversight of care, treatment, and services. The medical staff bylaws, rules, and regulations create a framework within which medical staff members can act with a reasonable degree of freedom and confidence.

The hospital's governing body has the ultimate authority and responsibility for the oversight and delivery of health care rendered by licensed independent practitioners, and other practitioners credentialed and privileged through the medical staff process or any equivalent process. The governing body and the medical staff define medical staff membership criteria, which, as deemed necessary by the governing body and the medical staff, may include licensed independent practitioners and other practitioners. Only licensed independent practitioner members of the medical staff oversee the delivery of care provided. The criteria used to determine which licensed independent practitioners are eligible to participate in the oversight process is developed by the organized medical staff.

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Membership on the medical staff is not synonymous with privileges. The medical staff may create categories of membership, as in active member, courtesy member, and so forth. These categories may be helpful in defining the roles and expectations for the various members of the medical staff.

Standard MS.03.01.03

The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

- EP 6.** There is coordination of the care, treatment, and services among the practitioners involved in a patient's care, treatment, and services.

Standard MS.05.01.03

The organized medical staff participates in organization-wide performance improvement activities.

- EP 1.** The organized medical staff participates in the following activities: Education of patients and families.

National Patient Safety Goals (NPSG)

Overview

This chapter addresses the requirements of the 2009 National Patient Safety Goals (NPSGs). The purpose of The Joint Commission's NPSGs is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence- and expert-based consensus as solutions to these problems. Because sound system design is intrinsic to the delivery of safe, high-quality health care, the goals generally focus on system-wide solutions, whenever possible.

Note: *The term implementation expectations has been changed to elements of performance (EP) and the numbering system has been modified to be consistent with the method used for the accreditation standards.*

The broadly representative Sentinel Event Advisory Group (SEAG) works with Joint Commission staff on a continuing basis to prioritize and develop goals, requirements, and EPs. As part of this development process, candidate goals, requirements, and EPs are sent to the field for review and comment. The SEAG annually recommends selected existing and new goals, requirements, and EPs to The Joint Commission's Board of Commissioners for review and approval.

Organizations providing care, treatment, or services relevant to these goals are responsible for implementing the applicable requirements or effective alternatives. If an organization thinks that an alternative approach to meeting an EP fulfills the intent of the requirement and wishes to implement such an alternative, the organization must obtain Joint Commission approval of the alternative. The SEAG also assists The Joint Commission in evaluating potential alternatives to goal requirements that have been suggested by individual organizations. Compliance with these requirements is assessed throughout the accreditation cycle, through on-site surveys, and through the Periodic Performance Review (PPR) when required by The Joint Commission. When an organization does not fully comply with a requirement, the organization will be assigned a requirement for improvement in the same way that noncompliance with an accreditation element of performance generates a requirement for improvement. All Requirements for Improvement (RFI) must be addressed during the Evidence of Standards Compliance process (ESC). Failure to resolve a requirement for improvement affects an organization's accreditation status, which could ultimately lead to a loss of accreditation.

The Joint Commission provides guidance on how to comply with each goal's requirements. This guidance includes detailed answers to Frequently Asked Questions (FAQs), which are posted on The Joint Commission Web site (<http://www.jointcommission.org>).

NPSG.01.01.01

Use at least two patient identifiers when providing care, treatment, and services.

- EP 1.** Prior to any specimen collection, medication administration, transfusion, or treatment, the hospital actively involves the patient and, as needed, the family in the identification and matching process. When active patient involvement is not possible or the patient's reliability is in question, the hospital will designate the caregiver responsible for identity verification.
Note: The involvement of a single caregiver is acceptable as long as the other components of patient identification are satisfied.

NPSG.03.05.01

Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Note: This requirement applies only to hospitals that provide anticoagulant therapy and/or long-term anticoagulation prophylaxis (for example, atrial fibrillation) where the clinical expectation is that the patient's laboratory values for coagulation will remain outside normal values. This requirement does not apply to routine situations in which short-term prophylactic anticoagulation is used for venous thrombo-embolism prevention (for example, related to procedures or hospitalization) and the clinical expectation is that the patient's laboratory values for coagulation will remain within, or close to, normal values.

- EP 8.** The hospital provides education regarding anticoagulant therapy to prescribers, staff, patients, and families.
Note: Patient/family education includes the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.

NPSG.07.03.01

Implement evidence-based practices to prevent health care–associated infections due to multidrug-resistant organisms in acute care hospitals.

Note 1: This requirement applies to, but is not limited to, epidemiologically important organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (CDI), vancomycin-resistant *Enterococci* (VRE), and multiple drug-resistant gram negative bacteria.

Note 2: This requirement has a one-year phase-in period that includes defined expectations for planning, development, and testing (milestones) at three, six, and nine months in 2009, with the expectation of full implementation by January 1, 2010.

- EP 7.** As of January 1, 2010, the hospital educates patients, and their families as needed, who are infected or colonized with a multidrug-resistant organism about health care–associated infection strategies.

NPSG.07.04.01

Implement best practices or evidence-based guidelines to prevent central line–associated bloodstream infections.

Note 1: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.

Note 2: This requirement has a one-year phase-in period that includes defined expectations for planning, development, and testing (“milestones”) at three, six, and nine months in 2009, with the expectation of full implementation by January 1, 2010.

- EP 6.** As of January 1, 2010, prior to insertion of a central venous catheter, the hospital educates patients and, as needed, their families about central line–associated bloodstream infection prevention.

NPSG.07.05.01

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Implement best practices for preventing surgical site infections.

Note: This requirement has a one-year phase-in period that includes defined expectations for planning, development, and testing (“milestones”) at three, six, and nine months in 2009, with the expectation of full implementation by January 1, 2010.

- EP 6.** As of January 1, 2010, prior to insertion of a central venous catheter, the hospital educates patients and, as needed, their families about central line–associated bloodstream infection prevention.

NPSG.08.01.01

A process exists for comparing the patient’s current medications with those ordered for the patient while under the care of the hospital.

- EP 1.** At the time the patient enters the hospital or is admitted, a complete list of the medications the patient is taking at home (including dose, route, and frequency) is created and documented. The patient and, as needed, the family are involved in creating this list.

NPSG.08.03.01

When a patient leaves the hospital’s care, a complete and reconciled list of the patient’s medications is provided directly to the patient and, as needed, the family, and the list is explained to the patient and/or family.

- EP 1.** When the patient leaves the hospital’s care, the current list of reconciled medications is provided and explained to the patient and, as needed, the family. This interaction is documented.

Note: Patients and families are reminded to discard old lists and to update any records with all medication providers or retail pharmacies.

NPSG.08.04.01

In settings where medications are used minimally, or prescribed for a short duration, modified medication reconciliation processes are performed.

Note: This requirement does not apply to hospitals that do not administer medications. It may be important for health care organizations to know which types of medications their patients are taking because these medications could affect the care, treatment, and services provided.

- EP 2.** When only short-term medications (for example, a preprocedure medication or a short-term course of an antibiotic) will be prescribed and no changes are made to the patient’s current medication list, the patient and, as needed, the family are provided with a list containing the short term medication additions that the patient will continue after leaving the hospital.

Note: This list of new short term medications is not considered to be part of the original, known, and current medication list. When patients leave these settings, a list of the original, known, and current medications does not need to be provided, unless the patient is assessed to be confused or unable to comprehend adequately. In this case, the patient’s family is provided both medication lists and the circumstances are documented.

- EP 6.** When a complete, documented, medication reconciliation is required in any of these settings, the complete list of reconciled medications is provided to the patient, and their family as needed, and to the patient’s known primary care provider or original referring provider or a known next provider of service.

NPSG.09.02.01

The hospital implements a fall reduction program that includes an evaluation of the effectiveness of the program.

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- EP 2.** The fall reduction program includes an evaluation appropriate to the patient population, settings, and services provided.
- EP 5.** The hospital educates the patient and, as needed, the family on the fall reduction program and any individualized fall reduction strategies.

NPSG.13.01.01

Identify the ways in which the patient and his or her family can report concerns about safety and encourage them to do so.

- EP 1.** The patient and family are educated on available reporting methods for concerns related to care, treatment, and services and patient safety issues.
- EP 2.** The hospital provides the patient with information regarding infection control measures for hand hygiene practices, respiratory hygiene practices, and contact precautions according to the patient's condition. The information is discussed with the patient and his or her family members on the day the patient enters the hospital or as soon as possible (for example, within 24–48 hours). The patient's understanding of this information is evaluated and documented. (See also PC.02.03.01, EP 25)
Note: The information provided to the patient may be in any form of media.
- EP 3.** For surgical patients, the hospital describes the measures that will be taken to prevent adverse events in surgery. Examples include, but are not limited to, patient identification practices, prevention of surgical infections, and marking of the procedure sites. The patient's understanding is evaluated and documented. (See also PC.02.03.01, EP 25)
Note: The information provided to the patient may be in any form of media.
- EP 4.** The hospital encourages patients and their families to report concerns about safety.

NPSG.16.01.01

The hospital selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening.

- EP 4.** The hospital encourages the patient and family to seek assistance when the patient's condition worsens.

Nursing (NR)

Overview

The quality of a hospital's nursing services is built upon the leadership of a nurse executive and the work of a qualified staff. The nurse executive promotes quality by incorporating current nursing research findings, nationally recognized professional standards, and other expert literature into policies and procedures governing the provision of nursing care, treatment, and services.

The role of nursing has evolved significantly in response to marked changes in the health care industry. The nurse executive is largely accountable for the most substantial patient care work force of the hospital. Nurse executives routinely assume oversight responsibility for the provision of safe, effective, high-quality nursing care throughout the hospital; development, presentation, and management of the nursing services' portion of the hospital's budget; work team productivity; consumer satisfaction activities; and staff retention efforts.

To effectively fulfill this ever expanding role, today's nurse executive demonstrates expertise in a range of areas (for example, strategic planning, negotiating, budgeting, marketing, trend variance analysis, information technology) in addition to demonstrating extensive knowledge of the current complexities of the health care industry.

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Many of the standards in this chapter are linked to the “Leadership” (LD) chapter to clearly reflect the leadership role of the nurse executive.

NR.02.01.01

The nurse executive directs the hospital’s nursing services.

EP 2. The nurse executive coordinates: The development of hospital-wide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated.

Note: Examples of patient populations include pediatric, diabetic, and geriatric patients.

EP 5. The nurse executive directs: The implementation of hospital-wide programs, policies, and procedures that address how nursing care needs of the patient population are assessed, met, and evaluated.

Note: Examples of patient populations include pediatric, diabetic, and geriatric patients.

Provision of Care, Treatment, and Services (PC)

Overview

The standards in the “Provision of Care, Treatment, and Services” (PC) chapter center around the integrated and cyclical process that allows care to be delivered according to patient needs and the hospital’s scope of services. This care process may occur between multiple organizations or it may be limited to the organization itself. The complexity of providing care, treatment, and services through this process often demands an interdisciplinary collaborative approach and a mutual effort among those who work in the organization to coordinate care in a manner that is conducive to optimal patient outcomes, quality, and safety.

The provision of care, treatment, and services is composed of four core components of the care process:

1. Assessing patient needs
2. Planning care, treatment, and services
3. Providing care, treatment, and services
4. Coordinating care, treatment, and services

Within these core processes, care activities include the following:

- Providing access to levels of care and/or disciplines necessary to meet the patient’s needs
- Interventions based on the plan of care, including the education or instruction of patients regarding their care, treatment, and services
- Coordinating care to promote continuity when patients are referred, discharged, or transferred)

The activities are performed by a wide variety of staff and licensed independent practitioners. Therefore, communication, collaboration, and coordination are among the most important work habits that must be adopted so that care, treatment, and services are provided at the highest level.

Standard PC.01.01.01

The hospital accepts the patient for care, treatment, and services based on its ability to meet the patient’s needs.

EP 2. The hospital has a written process for accepting a patient that includes the following: Criteria to determine the patient’s eligibility for care, treatment, and services.

EP 3. The hospital has a written process for accepting a patient that includes the following: Procedures for accepting referrals.

Standard PC.01.02.01

The hospital assesses and reassesses its patients.

- EP 1.** The hospital defines, in writing, the scope and content of screening, assessment, and reassessment information it collects.
Note: In defining the scope and content of the information it collects, the organization may want to consider information that it can obtain, with the patient's consent, from the patient's family and the patient's other care providers, as well as information conveyed on any medical jewelry.
- EP 2.** The hospital defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed.
Note: Examples of criteria could include those that identify when a nutritional, functional, or pain assessment should be performed for patient who are at risk.
- EP 4.** Based on the patient's condition, information gathered in the initial assessment includes the following:
- Physical, psychological, and social assessment
 - Nutrition and hydration status
 - Functional status
 - For patient who are receiving end-of-life care, the social, spiritual, and cultural variables that influence the patient's and family members' perception of grief
 - Cultural or religious practices that may affect care
 - Care the family or support system is capable of and willing to provide
 - Educational needs, including the abilities, motivation, and readiness to learn
 - Barriers and safety hazards in the home environment
 - Any other relevant information that may affect the patient's goals
- EP 23.** During patient assessments and reassessments, the hospital gathers the data and information it requires.

Standard PC.01.02.03

The hospital assesses and reassesses the patient and his or her condition according to defined time frames.

- EP 1.** The hospital defines, in writing, the time frame(s) within which it conducts the patient's initial assessment, in accordance with law and regulation. (See also RC.01.03.01, EP 1)
- EP 2.** The hospital performs initial patient assessments within its defined time frame. (See also RC.01.03.01, EP 3)
- EP 3.** Each patient is reassessed as necessary based on his or her plan for care or changes in his or her condition.
Note: Reassessments may also be based on the patient's diagnosis; desire for care, treatment, and services; response to previous care, treatment, and services; and/or his or her setting requirements.

Standard PC.01.02.07

The hospital assesses and manages the patient's pain.

- EP 1.** The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8)

- EP 2.** The hospital uses methods to assess pain that are consistent with the patient's age, condition, and ability to understand.

Standard PC.01.02.11

The hospital assesses the needs of patients who receive psychosocial services to treat alcoholism or other substance use disorders.

- EP 4.** Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes: The patient's acceptance of treatment or motivation for change, as well as recovery environment features that serve as resources or obstacles to recovery, including family members' use of alcohol or other substances.
- EP 5.** Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes the following:
- The patient's religion and spiritual beliefs, values, and preferences
 - Living situation
 - Leisure and recreation activities
 - Military service history
 - Peer-group
 - Social factors
 - Ethnic and cultural factors
 - Financial status
 - Vocational or educational background
 - Legal history
 - Communication skills
- EP 6.** Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes the following:
- The patient's history of any physical or sexual abuse, as either the abuser or the abused
 - The patient's sexual history and identification
 - Childhood history
 - Emotional and health issues
 - Visual-motor functioning
 - Self care
- EP 7.** Based on the patient's age and needs, the assessment for patients receiving psychosocial services for the treatment of alcoholism or other substance use disorders includes: The patient's family circumstances, including the composition of the family group and the need for their participation in the patient's care.

Standard PC.01.02.13

The hospital assesses the needs of patients who receive treatment for emotional and behavioral disorders.

- EP 3.** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
- The patient's religion and spiritual beliefs, values, and preferences
 - Living situation
 - Leisure and recreation activities

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- Military service history
 - Peer-group
 - Social factors
 - Ethnic and cultural factors
 - Financial status
 - Vocational or educational background
 - Legal history
 - Communication skills
- EP 4.** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
- Any history of physical or sexual abuse as either the abuser or abused
 - The patient's sexual history
 - Childhood history
 - Emotional and health care issues
 - Visual-motor functioning
 - Self care
- EP 5.** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
- The patient's family circumstances, including the composition of the family group
 - The community resources currently used by the patient
 - The need for the family members' participation in the patient's care
- EP 6.** Based on the patient's age and needs, the assessment for patients who receive treatment for emotional and behavioral disorders includes the following:
- A psychiatric evaluation
 - Psychological assessments, including intellectual, projective, neuropsychological, and personality testing

Standard PC.01.03.01

The hospital plans the patient's care.

- EP 1.** The hospital plans the patient's care, treatment, and services based on needs identified by the patient's assessment, reassessment, and results of diagnostic testing. (See also RC.02.01.01,
- EP 2.** The written plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.
- EP 22.** Based on the goals established in the patient's plan of care, staff evaluate the patient's progress.
- EP 23.** The hospital revises plans and goals for care, treatment, and services based on the patient's needs. (See also RC.02.01.01, EP 2)

Standard PC.01.03.03

The hospital defines its patient behavior management policies.

- EP 3.** The hospital's written behavior management policies include the following:
Limit patient time-outs to no more than 30 minutes in an unlocked room.
Prohibit the use of intimidation, force, or threat.
Require that the patient receive education about the conditions under which time-outs are used.

Standard PC.01.03.05

The hospital's use of behavior management procedures adhere to the patient's plan for care, treatment, and services and organization policy.

- EP 3.** The patient and, based on his or her plan of care, the family participate in selecting behavior management and treatment interventions.

Standard PC.02.02.01

The hospital coordinates the patient's care, treatment, and services based on the patient's needs.

- EP 1.** The hospital has a process to receive or share patient information when the patient is referred to other internal or external providers of care, treatment, and services.
- EP 2.** The hospital coordinates the patient's care, treatment, and services.
Note: Coordination involves resolving scheduling conflicts and duplication of care, treatment, and services.
- EP 10.** When the hospital uses external resources to meet the patient's needs, it coordinates the patient's care, treatment, and services.
- EP 17.** The hospital coordinates care, treatment, and services within a time frame that meets the patient's needs.

Standard PC.02.02.03

The hospital makes food and nutrition products available to its patients.

- EP 7.** Food and nutrition products are consistent with each patient's care, treatment, and services.
- EP 8.** The hospital accommodates a patient's special diet and altered diet schedule, unless contraindicated.
- EP 9.** When possible, the hospital accommodates the patient's cultural, religious, or ethnic food and nutrition preferences, unless contraindicated.
- EP 10.** When a patient refuses food, the hospital offers substitutes of equal nutritional value.
- EP 11.** The hospital stores food and nutrition products, including those brought in by patients or their families, using proper sanitation, light, moisture, ventilation, and security.

Standard PC.02.02.11

The hospital provides access to the outdoors to patients with long lengths of stay.

- EP 1.** The hospital arranges for patients who experience long lengths of stay to spend time outdoors, according to their plan treatment, and services.
Note: The hospital can use its own grounds for this purpose or it can use community resources, such as parks.

Standard PC.02.02.13

The patient's comfort and dignity receive priority during end-of-life care.

- EP 1.** To the extent possible, the hospital provides care and services that accommodate the patient's and his or her family's comfort, dignity, psychosocial, emotional, and spiritual end-of-life needs.
- EP 2.** The hospital provides staff with education about the unique needs of dying patients and their families.

Standard PC.02.03.01

The hospital provides patient education and training based on each patient's needs and abilities.

- EP 1.** The hospital performs a learning needs assessment for each patient, which includes the patient's cultural and religious beliefs, emotional barriers, desire and motivation to learn, physical or cognitive limitations, and barriers to communication.
- EP 4.** The hospital provides education and training to the patient based on his or her assessed needs.
- EP 5.** The hospital coordinates the patient education and training provided by all disciplines involved in the patient's care, treatment, and services.
- EP 25.** The hospital evaluates the patient's understanding of the education and training it provided.

Standard PC.02.03.03

The patient's personal hygiene is maintained.

Note: This standard applies to hospitals with behavioral health units.

- EP 4.** The hospital provides the patient with education about maintaining his or her personal hygiene and grooming.

Standard PC.03.01.03

The hospital provides the patient with care before initiating operative or other high-risk procedures, including those that require the administration of deep sedation or anesthesia.

- EP 2.** Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital assesses the patient's anticipated needs in order to plan for the postprocedure care.
- EP 3.** Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital provides the patient with preprocedural treatment and services, according to his or her plan for care.
- EP 4.** Before operative or other high-risk procedures are initiated, or before moderate or deep sedation or anesthesia is administered: The hospital provides the patient with preprocedural education, according to his or her plan for care.

Standard PC.03.01.09

The hospital provides electroconvulsive therapy safely.

- EP 2.** The hospital obtains written consent for electroconvulsive therapy from the patient and documents it in the medical record.

Standard PC.03.02.03

Written policies and procedures guide the hospital's safe use of restraint for non-behavioral health purposes

- EP 1.** The hospital has written policies and procedures on the use of restraint for non-behavioral health purposes which include the following:
 - Protection of the patient's rights, dignity, and well-being
 - The use of restraint based on the patient's assessed needs
 - Use of the least restrictive method of restraint
 - Safe application and removal of restraints
 - Monitoring and reassessment of patients who are restrained
 - Methods for meeting the physical needs of patients who are limited by restraint

- Risks posed by restraint to vulnerable patient populations, such as emergency and pediatric patients and patients who are cognitively or physically challenged
- Discussion of the use of restraint with patients and their families
- Limitation of written orders for restraint to licensed independent practitioners
- Renewal of orders in accordance with law and regulation
- Frequency and content of entries in the patient's medical record for each episode of restraint

Standard PC.03.02.05

Use of restraint for non-behavioral health purposes is initiated either by an individual order or by an approved written protocol, the use of which is authorized by an individual order.

- EP 8** Written protocols for the use of restraint for non-behavioral health purposes include the following:
- Guidelines for assessing the patient
 - Criteria for the use of restraint
 - Criteria for monitoring the patient and reassessing his or her need for restraint
 - Criteria for when restraint can be discontinued

Standard PC.03.02.07

The hospital monitors patients who are restrained for non-behavioral health purposes.

- EP 1** The frequency and extent of monitoring patients who are restrained for non-behavioral purposes are determined by the following:
- Hospital policies and procedures
 - Protocols
 - Individual orders
 - The care setting
 - Individual patient needs
 - Applicable law and regulation (See also RC.02.01.05, EP 1)

Standard PC.03.03.03

Written policies and procedures guide restraint and seclusion use for behavioral health purposes.

- EP 1.** The hospital's approach to the use of restraint and seclusion for behavioral health purposes includes the following:
- Its commitment to prevent, reduce, and work to eliminate the use of restraint and seclusion
 - The need to prevent emergencies that have the potential to lead to the use of restraint or seclusion
 - The use of non-physical interventions as the preferred interventions
 - Limitation of the use of restraint and seclusion to emergencies involving imminent risk of a patient causing self harm or harm to others, including staff
 - The responsibility to discontinue restraint or seclusion as soon as possible
 - The need to raise awareness among staff about what restraint or seclusion may feel like to the patient
 - Preservation of the patient's safety and dignity when restraint or seclusion is used

Standard PC.03.03.05

Staffing levels and assignments are designed to minimize the use and maximize the safety of restraint or seclusion for behavioral health purposes.

- EP 1.** When the hospital uses restraint or seclusion for behavioral health purposes, the hospital bases its staffing levels and assignments on the following:
- Staff qualifications
 - The physical design of the environment
 - Patient diagnoses
 - Patients' co-occurring conditions
 - Patient acuity levels
 - Patients' ages and developmental functioning

Standard PC.03.03.09

The hospital obtains information about the patient that could help minimize the need to use restraint or seclusion for behavioral health purposes with the patient.

- EP 1.** During the initial assessment of a patient who is at risk of self harm or harm to others, information is obtained from the patient and/or the patient's family to identify the following:
- Pre-existing medical conditions or any physical disabilities or limitations that would place the patient at increased risk if restraint or seclusion is used for behavioral health purposes
 - Any history of sexual or physical abuse that would place the patient at greater psychological risk if restraint or seclusion is used for behavioral health purposes
 - Techniques, methods, or tools that would help the patient to control his or her behavior (See also PC.03.03.11, EP 5)
- EP 2.** The hospital discusses with the patient the role the patient's family can play, if any, in minimizing the need to use restraint or seclusion for behavioral health purposes.
Note: With the patient's permission, his or her family can participate in this discussion, unless the family's participation is contraindicated by the patient's condition.
- EP 3.** If the patient defines a role his or her family can play in minimizing the need to use restraint or seclusion for behavioral health purposes, the hospital determines whether the family agrees to fulfill that role.
- EP 4.** The patient and/or the patient's family are educated about the hospital's approach to the use of restraint and seclusion for behavioral health purposes.

Standard PC.03.03.11

The use of restraint or seclusion for behavioral health purposes is limited to emergencies.

- EP 5.** The type of intervention used in lieu of restraint or seclusion for behavioral health purposes takes into consideration information learned from the patient's initial assessment. (See also PC.03.03.09, EP 1)
- EP 6.** If the patient consents to have his or her family informed about his or her care, and the family has agreed to be notified, staff attempts to promptly contact the family to notify them when restraint or seclusion is used for behavioral health purposes.

Standard PC.03.03.15

A licensed independent practitioner sees and evaluates in person the patient who is in restraint or seclusion for behavioral health purposes.

- EP 2.** At the time of the in-person evaluation of the patient who is in restraint or seclusion for behavioral health purposes, the licensed independent practitioner does the following:
- Works with the patient and staff to identify ways to help the patient regain control.

Revises the patient's plan for care, treatment, and services as needed.
Provides a new written order, if necessary.

Standard PC.03.03.19

Patients who are in restraint or seclusion for behavioral health purposes are reevaluated.

- EP 4.** When the patient who is in restraint or seclusion for behavioral health purposes is reevaluated in person, the licensed independent practitioner or other qualified, authorized staff member reevaluates the effectiveness of the patient's treatment plan and works with the patient to identify ways to help him or her regain control.

Standard PC.03.03.23

Patients in restraint or seclusion for behavioral health purposes are assessed and assisted in meeting criteria for the discontinuation of restraint or seclusion.

- EP 2.** Depending upon the type of restraint or seclusion used for behavioral health purposes, the patient is assessed every 15 minutes for the following:
- Signs of any injury associated with applying restraint or seclusion
 - Nutrition and hydration
 - Circulation and range of motion in the extremities
 - Vital signs
 - Hygiene and elimination
 - Physical and psychological status and comfort
 - Readiness for discontinuing restraint or seclusion

Standard PC.03.03.27

The hospital discontinues restraint or seclusion use for behavioral health purposes when the patient meets criteria for their discontinuation.

- EP 1.** As early as possible after the initiation of restraint or seclusion for behavioral health purposes, the patient is informed of the reason why restraint or seclusion was initiated and what the criteria is for their discontinuation.
- EP 2.** Restraint or seclusion used for behavioral health purposes is discontinued as soon as the patient meets the criteria for their discontinuation.

Standard PC.03.03.29

Patients are debriefed after the use of restraint or seclusion for behavioral health purposes.

- EP 1.** After each episode of restraint or seclusion used for behavioral health purposes, staff members who participated in their use, if available, participate in a debriefing with the patient and, as determined by the patient's plan of care, the patient's family. (See also RC.02.01.05, EP 3)
- EP 3.** The content of the debriefing with the patient after each episode of restraint or seclusion use for behavioral health purposes includes the following:
- Identification of what led to the use of restraint or seclusion and what could have been done differently
 - Ascertainment that the patient's physical well-being, psychological comfort, and the right to privacy were maintained
 - Counseling of the patient for any physical or psychological trauma that may have resulted from the use of restraint or seclusion
 - Modification of the patient's plan for care, treatment, and services, if such modification is indicated

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- EP 4.** Information obtained and documented from the debriefing with the patient after each episode of restraint or seclusion used for behavioral health purposes is used in performance improvement activities.

Standard PC.04.01.01

The hospital has a process that addresses the patient's need for continuing care, treatment, and services after discharge or transfer.

- EP 1.** The hospital describes the reason(s) for and conditions under which the patient is discharged or transferred.
- EP 2.** The hospital describes the method for shifting responsibility for a patient's care from one clinician, hospital, program, or service to another.
- EP 3.** The hospital describes the mechanisms for external transfer of the patient.

Standard PC.04.01.03

The hospital discharges or transfers the patient based on his or her assessed needs and the organization's ability to meet those needs.

- EP 2.** The hospital identifies any needs the patient may have for psychosocial or physical care, treatment, and services after discharge or transfer.
- EP 3.** The patient, the patient's family, licensed independent practitioners, and staff involved in the patient's care, treatment, and services participate in planning the patient's discharge or transfer.
- EP 4.** Prior to discharge, the hospital arranges or assists in arranging the services required by the patient after discharge in order to meet his or her ongoing needs for care and services.

Standard PC.04.01.05

Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.

- EP 1.** When the hospital determines the patient's discharge or transfer needs, it promptly shares this information with the patient.
- EP 2.** Before the patient is discharged, the hospital informs the patient of the kinds of continuing care, treatment, and services he or she will need.
- EP 3.** When the patient is discharged or transferred, the hospital provides the patient with information about why he or she is being discharged or transferred.
- EP 5.** Before the patient is transferred, the hospital provides the patient with information about any alternatives to the transfer.
- EP 7.** The hospital educates the patient about how to obtain any continuing care, treatment, and services that he or she will need.
- EP 8.** The hospital provides written discharge instructions in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1)

Standard PC.04.02.01

When a patient is discharged or transferred, the hospital gives information about the care, treatment, and services provided to the patient to other service providers who will provide the patient with care, treatment, or services.

- EP 1.** At the time of the patient's discharge or transfer, the hospital informs other service providers who will provide care, treatment, or services to the patient about the following:

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- The reason for the patient's discharge or transfer
- The patient's physical and psychosocial status
- A summary of care, treatment, and services it provided to the patient
- The patient's progress toward goals
- A list of community resources or referrals made or provided to the patient
- (See also PC.02.02.01, EP 1)

Standard PC.04.01.05

Before the hospital discharges or transfers a patient, it informs and educates the patient about his or her follow-up care, treatment, and services.

- EP 2.** Before the patient is discharged, the hospital informs the patient of the kinds of continuing care, treatment, and services he or she will need.
- EP 7.** The hospital educates the patient about how to obtain any continuing care, treatment, and services that he or she will need.
- EP 8.** The hospital provides written discharge instructions in a manner that the patient and/or the patient's family or caregiver can understand. (See also RI.01.01.03, EP 1)

Performance Improvement (PI)

Overview

All hospitals want better patient outcomes and, therefore, are concerned about improving the safety and quality of the care, treatment, and services they provide. The best way to achieve better care is by first measuring the performance of processes that support care and then by using that data to make improvements. The standards in this chapter stress the importance of using data to inform positive change.

Standard PI.01.01.01

The hospital collects data to monitor its performance.

Rationale for PI.01.01.01

Data provide hospitals with important information that can be used in a variety of ways. Collecting and analyzing data on performance, outcomes, and other activities can help the hospital improve its ability to provide quality care, treatment, and services. The hospital can collect data from many areas, including internal data obtained from staff, patients, records, and observations. Data are also available from quality control, risk management activities, and research studies. Other valuable data can be obtained from external sources, such as regulators, insurers, the community. The Joint Commission has identified important areas that should be measured regularly. In addition, the hospital should establish data priorities particular to its needs.

- EP 1.** The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
- EP 2.** The hospital identifies the frequency for data collection.
- EP 3.** The hospital collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)
- EP 16.** The hospital collects data on the following: Patient perception of the safety and quality of care, treatment, and services.

Standard PI.02.01.01

The hospital compiles and analyzes data.

- EP 1.** The hospital compiles data in usable formats.
- EP 2.** The hospital identifies the frequency for data analysis.
- EP 3.** The hospital uses statistical tools and techniques to analyze and display data.
- EP 4.** The hospital analyzes and compares internal data over time to identify levels of performance, patterns, trends, and variations.
- EP 5.** The hospital compares data with external sources, when available.
- EP 8.** The hospital uses the results of data analysis to identify improvement opportunities. (See also LD.03.02.01, EP 5; PI.03.01.01, EP 1)

Standard PI.03.01.01

The hospital improves performance.

- EP 1.** Leaders prioritize the identified improvement opportunities.
- EP 2.** The hospital takes action on improvement priorities. (See also MS.05.01.01, EPs 1-11)
- EP 3.** The hospital evaluates actions to confirm they resulted in improvements. (See also MS.05.01.01, EPs 1-11)
- EP 4.** The hospital takes action when it does not achieve or sustain planned improvements. (See also MS.05.01.01, EPs 1-11)

Standard PI.04.01.01

The hospital uses data from clinical/service screening indicators and human resource screening indicators to assess and continuously improve staffing effectiveness.

- EP 2.** The hospital identifies the inpatient units for staffing effectiveness data collection based on an assessment of relevant information or risk including the following:
 - Type of setting
 - Patient population served
 - Knowledge about staffing issues likely to affect patient safety or quality of care
 - Existing data (for example, incident logs, sentinel event data, performance improvement reports)
 - Input from clinical staff who provide patient care**Note:** If the hospital has only one unit, it need not apply these criteria

Record of Care, Treatment, and Services (RC)

Overview

The “Record of Care, Treatment, and Services” (RC) chapter contains a wealth of information about the components of a complete medical record. A highly detailed document when seen in its entirety, the record of care comprises all data and information gathered about a patient from the moment he or she enters the hospital to the moment of discharge or transfer. As such, the record of care functions not only as a historical record of a patient’s episode(s) of care, but also as a method of communication between practitioners and staff that can facilitate the continuity of care and aid in clinical decision-making.

Whether the hospital keeps paper records, electronic records, or both, the contents of the record remain the same. Special care should be taken, however, by hospitals that are transitioning from paper to electronic systems, as the period of transition can present increased opportunity for errors in recordkeeping that can affect the delivery of safe quality care.

Standard RC.01.01.01

The hospital maintains complete and accurate medical records.

- EP 1.** The hospital defines the components of a complete medical record.
- EP 4.** The medical record contains information unique to the patient, which is used for patient identification.
- EP 5.** The medical record contains the information needed to support the patient's diagnosis and condition.
- EP 6.** The medical record contains the information needed to justify the patient's care, treatment, and services.
- EP 7.** The medical record contains information that documents the course and result of the patient's care, treatment, and services.
- EP 8.** The medical record contains information about the patient's care, treatment, and services that promotes continuity of care among providers.
- EP 9.** The hospital uses standardized formats to document the care, treatment, and services it provides to patients.
- EP 11.** All entries in the medical record are dated.
- EP 12.** The hospital tracks the location of all components of the medical record.
- EP 13.** The hospital assembles or makes available in a summary in the medical record all information required to provide patient care, treatment, and services.

Standard RC.02.01.01

The medical record contains information that reflects the patient's care, treatment, and services.

- EP 1.** The medical record contains the following demographic information:
 - The patient's name, address, date of birth, and the name of any legally authorized representative
 - The patient's sex
 - The legal status of any patient receiving behavioral health care services
 - The patient's language and communication needs
- EP 2.** The medical record contains the following clinical information:
 - The reason(s) for admission for care, treatment, and services
 - The patient's initial diagnosis, diagnostic impression(s), or condition(s)
 - Any findings of assessments and reassessments (See also PC.01.02.01, EP 1; PC.03.01.03, EPs 1 and 8)
 - Any allergies to food
 - Any allergies to medications
 - Any conclusions or impressions drawn from the patient's medical history and physical examination
 - Any diagnoses or conditions established during the patient's course of care, treatment and services
 - Any consultation reports
 - Any observations relevant to care, treatment, and services
 - The patient's response to care, treatment, and services
 - Any emergency care, treatment, and services provided to the patient before his or her arrival

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- Any progress notes
- Any medications ordered or prescribed
- Any medications administered, including the strength, dose, and route
- Any access site for medication, administration devices used, and rate of administration
- Any adverse drug reactions
- Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EP 1 and 23)
- Orders for diagnostic and therapeutic tests and procedures and their results
- Any medications dispensed or prescribed on discharge

EP 4. As needed to provide care, treatment, and services, the medical record contains the following additional information:

- Any advance directives
- Any informed consent, when required by hospital policy (See also RI.01.03.01, EP 13)
- Any records of communication with the patient, such as telephone calls or e-mail
- Any patient-generated information

Standard RC.02.01.07

The medical record contains a summary list for each patient who receives continuing ambulatory care services.

EP 2. The patient's summary list contains the following information:

- Any significant medical diagnoses and conditions
- Any significant operative and invasive procedures
- Any adverse or allergic drug reactions
- Any current medications, over-the-counter medications, and herbal preparations

Standard RC.02.04.01

The hospital documents the patient's discharge information.

EP 3. In order to provide information to other caregivers and facilitate the patient's continuity of care, the medical record contains the following:

- A concise discharge summary that includes the reason for hospitalization
- The procedures performed
- The care, treatment, and services provided
- The patient's condition at discharge
- Information provided to the patient and family
- **Note 1:** A discharge summary is not required when a patient is seen for minor problems or interventions, as defined by the medical staff. In this instance, a final progress note may be substituted for the discharge summary.
- **Note 2:** When a patient is transferred to a different level of care within the hospital and caregivers change, a transfer summary may be substituted for the discharge summary. If the caregivers do not change, a progress note may be used.

Rights and Responsibilities of the Individual (RI)

Overview

When the hospital recognizes and respects patient rights, it is providing an important aspect of care that has been shown to encourage patients to become more informed and involved in their care. These empowered patients ask questions and develop better relationships with their caregivers. This acknowledgement of patient

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rights also helps patients feel supported by the hospital and those people directly involved in their care, treatment, and services.

Recognizing and respecting patient rights directly impact the provision of care. Care, treatment, and services should be provided in a way that respects and fosters the patient's dignity, autonomy, positive self-regard, civil rights, and involvement in his or her care. Care, treatment, and services should also be carefully planned and provided with regard to the patient's personal values, beliefs, and preferences.

Recognizing and respecting patient rights are, however, only part of the story. Patients also have the obligation to take on certain responsibilities. The hospital defines these responsibilities and then relays them to the patient. When patients understand and accept their responsibilities, the concept of the patient as a partner in care becomes a dynamic component of the patient's episode of care.

A mere list of patient rights cannot by itself guarantee those rights. The hospital shows its support of patient rights through its interactions with patients and by involving them in decisions about their care, treatment, and services. The standards in this chapter address the following processes and activities as they relate to patient rights:

- Informing patients of their rights
- Helping patients understand and exercise their rights
- Respecting patients' values, beliefs, and preferences
- Informing patients of their responsibilities regarding their care, treatment, and services

Standard RI.01.01.01

The hospital respects patient rights.

- EP 1.** The hospital has written policies on patient rights.
- EP 2.** The hospital informs the patient of his or her rights. (See also RI.01.01.03, EPs 1-3)
- EP 4.** The hospital treats the patient in a dignified and respectful manner.
- EP 5.** The hospital respects the patient's right to and need for effective communication. (See also RI.01.01.03, EP 1)
- EP 6.** The hospital respects the patient's cultural and personal values, beliefs, and preferences.
- EP 9.** The hospital accommodates the patient's right to religious and other spiritual services.
- EP 10.** The hospital allows the patient to access, request amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation.

Standard RI.01.01.03

The hospital respects the patient's right to receive information in a manner he or she understands.

- EP 1.** The hospital provides information in a manner tailored to the patient's age, language, and ability to understand. (See also RI.01.01.01, EPs 2 and 5)
- EP 2.** The hospital provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2)
- EP 3.** The hospital communicates with the patient who has vision, speech, hearing, or cognitive impairments in a manner that meets the patient's needs. (See also RI.01.01.01, EP 2)

Standard RI.01.02.01

The hospital respects the patient's right to participate in decisions about his or her care, treatment, and services.

Rationale for RI.01.02.01

The hospital that recognizes the patient's right to participate in his or her care decisions and involves the patient in making those decisions validates patient rights as a key aspect of care. Involving patients in care decisions helps the patient develop a better understanding of his or her care, which can lead to safer care and better care outcomes. This involvement includes informing the patient of outcomes of care, treatment, or services, including those outcomes that may have been unanticipated.

- EP 1.** The hospital involves the patient in making decisions about his or her care, treatment, and services.
- EP 2.** The hospital provides the patient with written information about the right to refuse care, treatment, and services.
- EP 3.** The hospital respects the patient's right to refuse care, treatment, and services, in accordance with law and regulation.
- EP 6.** When a patient is unable to make decisions about his or her care, treatment, and services, the hospital involves a surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6)
- EP 7.** When a surrogate decision-maker is responsible for making care, treatment, and services decisions, the hospital respects the surrogate decision-maker's right to refuse care, treatment, and services on the patient's behalf, in accordance with law and regulation.
- EP 8.** The hospital involves the patient's family in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation.
- EP 20.** The hospital provides the patient or surrogate decision-maker with the information about the outcomes of care, treatment, and services that the patient needs in order to participate in current and future health care decisions.
- EP 21.** The hospital informs the patient or surrogate decision-maker about unanticipated outcomes of care, treatment, and services that relate to sentinel events considered reviewable by The Joint Commission. (See the "Sentinel Events" (SE) chapter of this manual for a definition of reviewable sentinel events.)

Standard RI.01.03.01

The hospital honors the patient's right to give or withhold informed consent.

Rationale for RI.01.03.01

Obtaining informed consent presents an opportunity to establish a mutual understanding between the patient and the licensed independent practitioner or other licensed practitioners with privileges about the care, treatment, and services that the patient will receive. Informed consent is not merely a signed document. It is a process that considers patient needs and preferences, compliance with law and regulation, and patient education. Utilizing the informed consent process helps the patient to participate fully in decisions about his or her care, treatment, and services.

- EP 2.** The hospital's written policy identifies the specific care, treatment, and services that require informed consent, in accordance with law and regulation.
- EP 3.** The hospital's written policy describes circumstances that would allow for exceptions to obtaining informed consent.
- EP 4.** The hospital's written policy describes the process used to obtain informed consent.
- EP 5.** The hospital's written policy describes how informed consent is documented in the patient record.
Note: Documentation may be recorded in a form, in progress notes, or elsewhere in the record.

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- EP 6.** The hospital's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6)
- EP 7.** The informed consent process includes a discussion about the patient's proposed care, treatment, and services.
- EP 9.** The informed consent process includes a discussion about potential benefits, risks, and side effects of the patient's proposed care, treatment, and services, the likelihood of the patient achieving his or her goals, and any potential problems that might occur during recuperation.
- EP 11.** The informed consent process includes a discussion about reasonable alternatives to the patient's proposed care, treatment, and services. The discussion encompasses risks, benefits, and side effects related to the alternatives, and the risks related to not receiving the proposed care, treatment, and services.
- EP 12.** The informed consent process includes a discussion about any circumstances under which information about the patient must be disclosed or reported.
Note: Such circumstances may include requirements for disclosure of information regarding cases of HIV, tuberculosis, viral meningitis, and other diseases that are reported to organizations such as health departments or the Centers for Disease Control and Prevention.
- EP 13.** Informed consent is obtained in accordance with the hospital's policy and processes. (See also RC.02.01.01, EP 4)

Standard RI.01.03.03

The hospital honors the patient's right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.

- EP 1.** Occasionally, hospitals make and use recordings, films, or other images of patients for internal use other than the identification, diagnosis, or treatment of the patient (for example, performance improvement and education). When this occurs, and the patient is able to give consent, the hospital obtains and documents informed consent prior to producing the recordings, films, or other images.
Note: The term recordings, films, or other images refers to photographic, video, electronic, or audio media.
- EP 2.** When recordings, films, or other images of patients are made for external use, the hospital obtains and documents informed consent prior to producing the recordings, films, or other images. This informed consent includes an explanation of how the recordings, films, or other images will be used.
Note: Recordings, films, or other images made for external use are those that will be heard or seen by the public (for example, commercial filming, television programs, or marketing materials).
- EP 6.** The hospital informs the patient of his or her right to request cessation of the production of the recordings, films, or other images.

Standard RI.01.03.05 The hospital protects the patient and respects his or her rights during research, investigation, and clinical trials.

- EP 1.** The hospital reviews all research protocols and weighs the risks and benefits to the patient participating in the research.
- EP 2.** To help the patient determine whether or not to participate in research, investigation, or clinical trials, the hospital provides the patient with all of the following information:
- An explanation of the purpose of the research
 - The expected duration of the patient's participation

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- A clear description of the procedures to be followed
 - A statement of the potential benefits, risks, discomforts, and side effects
 - Alternative care, treatment, and services available to the patient that might prove advantageous to the patient
- EP 3.** The hospital informs the patient that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time, will not jeopardize his or her access to care, treatment, and services unrelated to the research.
- EP 4.** The hospital documents the following in the research consent form: That the patient received information to help determine whether or not to participate in the research, investigation, or clinical trials.
- EP 5.** The hospital documents the following in the research consent form: That the patient was informed that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time, will not jeopardize his or her access to care, treatment, and services unrelated to the research.
- EP 6.** The hospital documents the following in the research consent form: The name of the person who provided the information and the date the form was signed.
- EP 7.** The research consent form describes the patient's right to privacy, confidentiality, and safety.

Standard RI.01.04.01

The hospital respects the patient's right to receive information about the individual(s) responsible for, as well as those providing his or her care, treatment, and services.

- EP 1.** The hospital informs the patient of the name of the physician or other practitioner who has primary responsibility for his or her care, treatment, or services.
- EP 2.** The hospital informs the patient of the name of the physician(s) or other practitioner(s) who will provide his or her care, treatment, and services.

Standard RI.01.05.01

The hospital addresses patient decisions about care, treatment, and services received at the end of life.

- EP 1.** The hospital has written policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services, in accordance with law and regulation.
- EP 6.** The hospital provides patients with written information about advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services.
- EP 8.** Upon admission, the hospital provides the patient with information on the extent to which the hospital is able, unable, or unwilling to honor advance directives.
- EP 10.** Upon request, the hospital refers the patient to resources for assistance in formulating advance directives.
- EP 12.** The hospital honors the patient's right to review and revise his or her advance directives.
- EP 15.** The hospital documents the patient's wishes concerning organ donation when he or she makes such wishes known to the hospital or when required by the hospital's policy, in accordance with law and regulation.
- EP 16.** The hospital honors the patient's wishes concerning organ donation within the limits of the hospital's capability and in accordance with law and regulation.

- EP 19.** For outpatient hospital settings: The hospital communicates its policy on advance directives upon request or when warranted by the care, treatment, and services provided.
- EP 20.** For outpatient hospital settings: Upon request, the hospital refers patients to resources for assistance with formulating advance directives.

Standard RI.01.07.01

The patient and his or her family have the right to have complaints reviewed by the hospital.

- EP 1.** The hospital establishes a complaint resolution process.
- EP 2.** The hospital informs the patient and his or her family about the complaint resolution process.
- EP 4.** The hospital reviews and, when possible, resolves complaints from the patient and his or her family.

Transplant Safety (TS)

Overview

Transplantation of organs and tissues is sometimes the only option for treatment of a wide range of diseases. In the past 10 years, advances in transplantation have led to a greater success rate for transplanted organs and tissues. More and more people receive transplants every year and more people are living longer after transplants.

Organ transplants are often life-saving procedures. They involve replacing an individual's (the recipient) damaged or failing organ, such as a heart, kidney, liver, lung, pancreas, or intestine, with a working organ from another individual (the donor). While tissue transplants are used most often to enhance the lives of recipients, they are also used at times to save lives. Tissues that are transplanted include bones, tendons, corneas, heart valves, veins, and skin. A single donor can save many lives, as well as improve the quality of life for many more.

Transplantation is not free from risk. Transmission of infections from the donor to the recipient is a significant safety concern. With the increased numbers of organ and tissue transplants, the number of opportunities for transmission of infectious pathogens has also increased. Instances of organ- or tissue-borne infection in recipients of donor organs or tissues are well documented. Diseases with documented transmission from infected donors subsequent to transplant include, to name a few, human immunodeficiency virus (HIV), hepatitis B and C, and Creutzfeldt-Jakob disease (CJD). Recipients may also contract bacterial or fungal infections through contamination during transportation, storage, or handling. The opportunity for transmission of infectious disease will continue to increase as the number of transplants continues to rise.

Effective communication of an adverse event directly related to organ or tissue use is critical to patient safety. The hospital may become aware of an adverse event directly related to organ or tissue use through external notification or internal detection. Prompt investigation of each adverse event provides response and treatment to recipients affected by the infected organ or tissue and could prevent further transplantation from an infected donor.

Standard TS.01.01.01

The hospital, with the medical staff's participation, develops and implements written policies and procedures for donating and procuring organs and tissues.

- EP 1.** The hospital has a written agreement with an organ procurement organization (OPO) and follows its rules and regulations. (See also PI.02.01.01, EP 7)

- EP 5.** Staff education includes training in the use of discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential organ, tissue, or eye donors.
- EP 6.** The hospital develops, in collaboration with the designated organ procurement organization, written procedures for notifying the family of each potential donor about the option to donate or decline to donate organs, tissues, or eyes.
- EP 7.** The individual designated by the hospital to notify the family regarding the option to donate or decline to donate organs, tissues, or eyes is an organ procurement representative, an organizational representative of a tissue or eye bank, or a designated requestor.

Universal Protocol (UP)

UP.01.01.01

Conduct a preprocedure verification process.

- EP 1.** Verification of the correct person, correct site, and correct procedure occurs at the following times:
 - At the time the procedure is scheduled
 - At the time of preadmission testing and assessment
 - At the time of admission or entry into the facility for a procedure, whether elective or emergent
 - Before the patient leaves the preprocedure area or enters the procedure room
 - Anytime the responsibility for care of the patient is transferred to another member of the procedural care team, (including the anesthesia providers) at the time of, and during, the procedure
 - With the patient involved, awake and aware, if possible

UP.01.02.01

Mark the procedure site.

- EP 2.** The procedure site is initially marked before the patient is moved to the location where the procedure will be performed and takes place with the patient involved, awake and aware, if possible.
- EP 7.** A defined, alternative process is in place for patients who refuse site marking or who cannot easily be marked under the following conditions:

For cases in which it is technically or anatomically impossible or impractical to mark the site (mucosal surfaces, perineum, premature infants), an alternative method for visually identifying the correct side and site is used. For example, the hospital may place a temporary, unique wrist band on the side of the procedure containing the patient's name, and use a second identifier for the intended procedure and site.

For minimal access procedures that intend to treat a lateralized internal organ, whether percutaneous or through a natural orifice, the intended side is indicated by a mark at or near the insertion site, and remains visible after completion of the skin prep and sterile draping.

For interventional procedure cases for which the catheter/instrument insertion site is not predetermined (for example, cardiac catheterization, pacemaker insertion).

For teeth, the operative tooth name(s) and number are indicated on documentation or the operative tooth (teeth) is marked on the dental radiographs or dental diagram. The documentation, images, and/or diagrams are available in the procedure room before the start of the procedure.

For premature infants, for whom the mark may cause a permanent tattoo.